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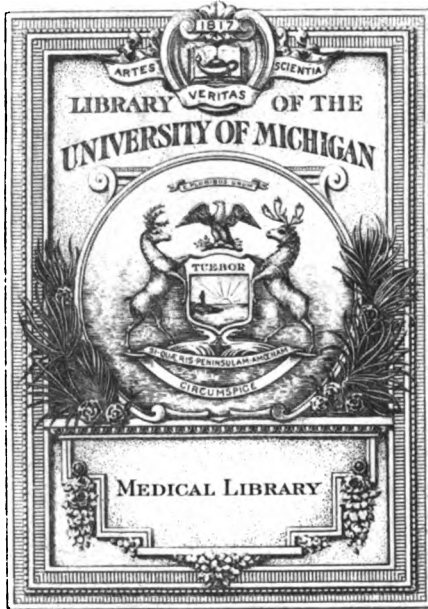
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CONTENTS.

ORIGINAL COMMUNICATIONS—	PAGE	Practical Lessons in Nursing Series.....	1
Cerebral Circulation in the Insane. By W. B. Fletcher, M. D.	1	Practical Bacteriology.....	1
Bejamin W. Dudley, of Kentucky, owed his Success to Antiseptic Surgery. By W. J. Chenoweth, M. D.	8	PRACTICAL MEDICINE—	
TT's New Antipyretic, Antifebrin. By Ernest Heuser, M. D.	5	Gaseous Enemata in Consumption.....	1
		Carbolic Acid Inhalations in Whooping Cough.....	1
		Antipyrin and Antifebrin in Headache and Epilepsy.....	1
CORRESPONDENCE—		OBSTETRICS AND GYNECOLOGY—	
Our New York Letter.....	5	A New Theory of Menstruation.....	1
		The Chief Source of Danger in the Use of the Uterine Sound.....	1
EDITORIAL—		Keith's Method of Treating the Pedicle.....	1
The Journal Greeting.....	7	CUTANEOUS AND GENITO-URINARY DISEASES—	
A Serious Matter.....	8	Acne.....	1
As Easy as Falling off a Log.....	10	Herpes Zoster.....	2
Medical Slang.....	11	MATERIA MEDICA AND THERAPEUTICS—	
Excision of the Knee-Joint and Use of Esmarch's Bandage.....	11	Therapy in Consumption and Syphilis.....	2
MEMORANDA.....	12	Chorea.....	2
		Buttermilk in Sick Stomach.....	2
REVIEWS AND BOOK NOTICES—		Antipyrin.....	2
A Treatise on Diphtheria, Historically and Practically Considered; including Croup, Tracheotomy and Intubation.....	14	Salicylate of Phenol.....	2
Elementary Microscopical Technology—A Manual of Microscopy for Students.....	14	A New Local Anesthetic.....	2
Proceedings of the American Society of Microscopists.....	14	Fish as a Diet.....	2
		Corrosive Sublimate.....	2
		SPECIAL NOTICES.....	2

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LABORATORY AND OFFICE OF J. N. HURTY, M. D.,
ANALYTICAL CHEMIST, INDIANAPOLIS, April 25, 1887. }

MESSESS. MULLANEY & HAYES, Indianapolis:

Gentlemen:—In accordance with your letter of March 18, I purchased from Mr. Robert Browning, individually, a bottle of your special wine, COTE D'OR. This wine I have exhaustively and carefully analyzed, and herewith submit my results:

DESCRIPTION.

This wine possesses a heavy body, has a deep wine red color, and natural, rich flavor. Its specific gravity is 1.019, contains 9.8 per cent. of alcohol and 10.34 per cent. of solid matter. This solid matter is found naturally in the grape, and is composed principally of grape sugar. It contains also some vegetable albumen, a little natural coloring matter and certain mineral phosphates.

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THE
Indiana Medical Journal.

VOL. VI.

INDIANAPOLIS, JANUARY, 1888.

No. 7.

Original Communications.

**REPORT OF SIX CASES OF EXTERNAL
URETHROTOMY.***

BY W. N. WISHARD, M. D., INDIANAPOLIS.

CASE I. Mr. W. A. Waters, age thirty-six years. I was called by Dr. W. H. White, then a house physician in the Indianapolis City Hospital, to assist him in this case, September 25, 1882. The history of the case was as follows: The patient had a stricture of small caliber, situated about four inches from the meatus. Some two hours and a half before I saw the case Dr. White had introduced a Gouley's divulsor, for the purpose of divulsing this stricture. After the instrument had been introduced until the divulsing portion was engaged in the stricture, and the farther extremity was some two inches beyond, he had turned the thumb-screw until the register near the handle indicated that it was fully dilated. He had then reversed the screw, to close and remove the instrument. After many efforts he had been unable to do so.

Upon examination I found the instrument firmly held upon any attempt at removal. I could feel its point by pressing upon the urethra about the middle of the perineum. By following the instrument forward I could discover that its two longitudinal bars seemed separated, and no efforts with the thumb-screw would close them. It was possible to advance the instrument with some pressure, but it could not be withdrawn. I was aware of the fact that it had one of its two transverse divulsing bars broken off

before the introduction, and that the entire force of stretching the stricture had been spent upon the one remaining bar. I therefore concluded that the bar had been unequal to the force necessary, and had either broken or bent upon itself, or become displaced and was imbedded in the urethra or firmly fixed between the longitudinal bars, preventing their closure.

All efforts at removal having failed, the patient was anesthetised and a free incision was made into the urethra, where the end of the instrument was felt about the middle of the perineum. Without much difficulty the point of the divulsor was protruded through the cut, and it was turned to curve outwards and pushed on until the transverse bar which had caused the mischief was exposed outside the opening. It was found about one-quarter curved upon itself, the bend being towards the handle of the instrument and hence towards the meatus, and the rivet by which it was fastened to the middle longitudinal bar was broken on one side, but still holding it to the middle bar. The unriveted end was displaced from the groove of its long bar, and was projecting to one side of it. The reason was then apparent why it had not been possible to withdraw or close it. The bend had prevented closure, and the projecting end imbedded in the urethra prevented withdrawal. The offending bar was then broken off with a pair of forceps, and a large lead sound, properly curved, was introduced into the wound between the long bars of the divulsor, and used to spread them at the point of the stricture. The sound and divulsor were then removed.

I then passed a narrow straight knife, on a director, forward into the urethra through the perineal opening, and incised the urethra on its roof at the point of stricture, near the middle of the scrotal urethra. The meatus

*Read before the Marion County Medical Society, October 4, 1887.

Cincinnati, and you can see by the vast structures in Washington Park and in the rear of this building, the extraordinary preparations for its magnificent celebration.

It is an heroic age and a glorious race which we wish to commemorate. We wish to crown their deeds with praise and their memory with gratitude—to recount their hardihood, labor, self-denial and piety, and to remind their descendants, who occupy the fields of their conquest, of their sublime patriotism, and to excite them to emulate their courage, their toil, and their public virtue.

Allow me then, briefly, to dwell on that period—more especially on the character of a medical mind that pervaded that time as one of those “immortal men who live again in lives made better by his presence.”

One hundred years ago a small body of adventurous men, with their families, descended the beautiful Ohio and landed their rudely constructed barges on the shore. The State of Virginia, with great nobleness of soul, had ceded the vast Northwestern Territory to the General Government, and Congress had enacted that it should be a land of unqualified freedom. The richness of the soil and the cheapness of the lands led citizens of the east to seek new homes in western wilds. The colony that landed here was not large; their whole possessions occupied but a small number of flat-boats or barges. It seemed to be a stupendous undertaking thus to plant themselves in the primeval forest on this wild coast, with no means of immediate sustentation but the stores in their barges and what they might hunt in the wilderness. There were no grounds open for any culture, and the forest was roamed by wild beasts and more savage and hostile men.

But this forlorn hope of civilization were men of no common mold. They brought with them courage, culture, and integrity, and were full of the high aims of the eastern people who had just fought for their independence and secured the vast British possessions south of the Canada line. They were imbued with the loftiest motives that can animate the soul, and fearing nothing but God, they confronted the wilderness and its warlike denizens with that dauntless courage which renders individuals and communities, when their cause is just, unconquerable.

They constructed their cabins and block-houses, organized a military band, establish-

ed a school, and built a rude church. Then they passed a long and severe winter, but in the spring new colonists arrived, possessed of various trades and implements for a better construction of tenements and the development of crops of grains and fruits. So they gradually multiplied, felled the forest, opened fields, and the hamlet gradually became a village, and that expanded to a town. Meanwhile a strong military post was established, a Territorial Governor came out, a county was organized, a seat of justice created, and the foundations of a State were displayed. But their condition of peace and hope was soon blasted. The terrible defeat and massacre of the army of St. Clair, in 1791, struck terror to the settlers. The savages were more belligerent and daring than ever before, and general consternation prevailed.

The eastern people became aroused to the necessity of protecting the pioneers. President Washington commissioned Gen. Wayne to form a new army to conquer a peace. He arrived with all the troops he could gather in the summer of 1793, and camped on the western side of this city.

The losses of the western settlements had been so large by the defeat of St. Clair that the forces of Gen. Wayne were insufficient for the proposed campaign. Delay followed delay, but at last the reinforcements came. The settlers south of the Ohio at length freely offered themselves for the war.

Nearly a century has passed, but the descendants of the pioneers shall never cease to commemorate the joyful time when, with bugle notes and flying banners, two thousand mounted riflemen from Kentucky, led by Governor Shelby, crossed the Ohio and joined the camp of Wayne. This was a sure presage of the victory which he gained, and which broke the savage power forever.

Wayne's success brought peace to the Ohio valley; all the terror of the savages subsided, and an immense immigration from the east and south set in. Cincinnati felt the influx; commerce and manufacture began to flourish, and great public spirit emerged, so that in a few years she became the most busy and progressive town of the frontiers. But the town was without any institutions of higher learning. There was no lack of cultivated people; indeed, in the pulpit and at the bar, and in medicine, there were men possessed of acknowledged ability and collegiate training, and several of them had a

national reputation, but there was no master mind who, as a leader, could bring into combined action all the needs and desires of a growing and refined community for the establishment of institutions for instruction in higher learning.

In the meanwhile, however, there was growing to manhood, in the wilds of Kentucky, one whose soul had caught the spirit of the times and who, at length, came to Cincinnati with the largest desires to take his part in her future welfare. He had been nurtured amid all the deprivations, hardships and perils of the wilderness, and his faculties had been precociously developed by all those struggles with dense forests, ferocious beasts and savage men that the pioneers must encounter and subdue. His young life was passed in the wild solitudes of the forests, and his soul loved nature. From his earliest consciousness he had drunk in all her wild and beautiful forms, and it had kindled his natural powers of observation with the fervor of deepest passion. Such a mind, so full of enthusiasm for knowledge in Nature's arcana, could not remain in the dull, routine life of the planter. It was happily directed towards medicine, and Daniel Drake came to this city in the first year of the century and apprenticed himself to Dr. Goforth as his office student and apothecary. His opportunity for formal instruction in books had been very limited, but this lack of opportunity was greatly compensated by his habits—so thoroughly acquired—of observation, comparison and meditation. After a patient and methodic service of six years, in which he had made himself familiar with the textbook, he felt that he must go to the famous school of the east where Rush, Physic and Wistar taught. With scanty means he completed his long journey on horseback, and gratified the wish of his heart.

On his return, with enlarged views of culture, he entered busily into practice and rose rapidly in public estimation. Besides medicine, he investigated at large subjects in natural history and physics, also studies of the aborigines and monuments that marked their residence in our valleys. He wrote also descriptions of the rising City, the Miami valleys and their prospective wealth. These writings, particularly the scientific ones, attracted wide attention, so that when at a later period he returned to Philadelphia to attain his degree he was received by the Faculty of the University and the distin-

guished Society of Philadelphia as a savant. To the south of us then, in Kentucky, lay another flourishing frontier town of nearly equal population with Cincinnati. It was not only distinguished for the heroic patriotism of its people, but also for their high social culture and the organization of the Transylvania University. Lexington first held aloft the Torch of Science in this Wild World, and was recognized as the Athens of the West. There, under the auspices of B. W. Dudley, in 1817, the first medical school in the west was organized, and Drake was elected one of the professors. Dudley and Drake were of the same age, and both Kentuckians. They first met as students in Philadelphia. Dudley graduated in 1806, and four years later went to France, joined the French army, where he served as junior surgeon on Lavey's staff in many battles, ending, I believe, at Waterloo. Drake returned home to gain the means to go back to the University and obtain his degree, which he accomplished in 1816.

Thus these two great and ardent minds were again united, and with their associates Caldwell and Richardson soon developed a flourishing medical department in the University. But neither Drake's residence and happy associations in Philadelphia, nor his success as a teacher in Lexington, could divert his thoughts and hopes from his beloved Cincinnati; indeed, it only kindled within him an insatiable zeal to return to devote his life to the erection of great schools in the arts and sciences. So he resigned, after delivering two courses of lectures, and consecrated himself to his great purpose. He spared nothing to accomplish it. He spent a winter at the State Capital and secured charters for the Cincinnati College, the Medical College of Ohio, and the Cincinnati Hospital as a place for the demonstration of clinical and pathological medicine.

His ambition was not only to be successful as a practitioner and teacher, but an active-minded, useful citizen as well, and he gave much thought to all propositions that would promote the general welfare.

He soon comprehended that the traffic and commerce connected with the river were inadequate to the building of the great city of his prophecy. He saw, the first, I believe, the utility and practicability of a canal to connect the river with Lake Erie, and at a later period, when railroads attracted attention, the immense importance of connecting

the city with the great South by a railroad to Charleston, and he earnestly pressed his projects by his writings and public addresses. Both of these great schemes of internal commerce are now in operation and have proved of immense value to the city.

Nothing seemed to have escaped him for the adornment of the city and the comfort of the people. The line of elm trees on the south side of Washington Park were planted under his own direction over sixty years ago.

He was a voluminous writer on professional and general topics, but the work with which he crowned his life's labors was his "Systematic Treatise of the Diseases of the Interior Valley of North America," to which he had devoted more than twenty years of travel throughout the vast Mississippi Valley. It was, so to speak, "dug out of the very elements of the continent and society of America." It is a great work of absolutely original research in medical topography, and will always remain a monument to his fame that has no parallel in the science and literature of medicine.

Though Drake has long been dead, yet all of his great undertakings remain and are flourishing. The Cincinnati College is the large law school of the Ohio Valley; the Medical College of Ohio, now a Medical Department of the University of Cincinnati, was never so prosperous; the Clinical and Pathological School of the Hospital is attended by four hundred students. It has a large and growing library and museum, and is now undertaking to establish a pathological laboratory for original research. The beautiful elm trees are now as verdant as ever.

The wonderful activity of Drake's mind, which led him to undertake the most severe professional labors, and throw himself besides into every struggle for the advancement of the interest of society, is readily explained when we consider the philosophic spirit which animated his mind; for he was possessed of that gift of genius which sees beyond all the apparent disparity of phenomena; that severe unity, after which all true philosophy is continually aspiring.

To him the universe was not a summation of material phenomena conveying sensuous impressions merely, but a revelation. His was a reverent and devout soul. He felt like Von Barden, who declares that "he who seeks in nature, nature only and not reason; he who seeks in reason, reason only and not

God; he who seeks God out of and apart from reason, or reason out of and apart from God, will find neither nature, nor reason, nor God, but will assuredly lose them all."

All the institutions he planted exhibit his great powers of mind, and will always preserve his memory fresh and venerated in the great Western Valley. In the medical firmament bending over the world, reaching from the past and stretching indefinitely away amidst all the glittering galaxy and burning orbs that represent the immortal dead, the orb of Drake will shine as a star of light forevermore.

In Cincinnati his great example and precepts have continued to affect its medical life. I think it my duty to say to the members of the American Medical Association that a spirit of original research has been carried forward here, and in a period of forty years of professional life in this city I have never known so many young men of thorough training in our own schools, and supplemented by severe study in the clinical and pathological schools of Great Britain and the Continent as are now among our active practitioners.

A few last words about our city at large: We hope that you will take a general view of its topographical situation. It is very peculiar and striking. If you ascend our hills you will find that they are built of those stratified sedimentary masses that belong to the lower silurian epoch. Between all of these layers quantities of marine shells are found that prove that they formed the bottom of a great salt sea.

GONORRHEAL RHEUMATISM, COMPLICATED WITH HYSTERIA.

BY A. C. KIMBERLIN, M. D., INDIANAPOLIS.

This case is one of interest, because of the obscurity of the diagnostic symptoms, and also because of a hysterical complication or affection in a male, Hammond reporting only three cases of hysteria in the male out of three hundred and sixty-five. The case is of interest because of the mechanical treatment, which doubtless saved the patient's life. It is almost impossible to name this disease from the stand-point of its pathology; therefore I will use the next best plan, and give the clinical history of the affection.

Charles Smith, a single man, twenty-four years old, of a very nervous temperament and

of a rheumatic diathesis, contracted gonorrhoea when about fourteen years of age, from which he never recovered, suffering ever since with a gleet discharge. Soon after contracting this disease he had a severe attack of acute articular rheumatism, which confined him to his room most of one winter. He afterward made a complete recovery, but has had one or two slight rheumatic attacks since that time.

On the 12th of December, 1887, he was kicked by a pony and sustained a simple fracture of the tibia, about the middle of the shaft. He fell into the hands of a homeopath, who put the leg up in a box splint. This was left on four weeks, during which time the patient suffered most excruciating pain. When this splint was removed there was found an abscess forming about the locality of the fracture, a little to the tibular side of the leg. This was poulticed for a day or two, and then lanced, when it discharged quite an amount of laudable pus. It continued to suppurate very freely, and the pain had become so intolerable that the patient had to be kept under the influence of morphia. To add another complication, he was suffering at this time from another and new attack of gonorrhoea, contracted about two weeks before his injury; and in addition to all this he was again attacked with rheumatism. The rheumatic attack soon subsided to a chronic nature, and at the present time is his worst ailment. The ulcer continued to suppurate very freely, and was extremely painful.

His physician insisted upon amputating the leg, but the patient would not consent, but did submit to some kind of an operation. He says the doctor told him that "he was going to cut the sore out."

The patient became very much dissatisfied, and came to Indianapolis February 22, and was admitted to the City Hospital the same day. At the time of his admission he was very nervous and hysterical; he did not sleep any during the night; temp. 98.4; the pulse was abnormally slow, and the bowels obstinately constipated. There was marked cutaneous hyperesthesia over the whole body. The sense of hearing was abnormally acute, and the slightest noise or jar would excite a slight spasmodic contraction of the voluntary muscles, especially of the lower limbs. He was very much emaciated, and had no appetite. He seemed to be suffering great pain, which was relieved by morphia. It was

with great difficulty that his bowels were moved with hydragogues and enemas. They were afterward regulated with phosphate of soda. He was given comp. syr. hypophos. and bromides.

On the right leg, at the seat of fracture, there was a cold indolent ulcer, filled with unhealthy granulations. This was thoroughly cleansed, touched with pure carbolic acid, and dressed antiseptically.

The nervous symptoms steadily grew worse, the hyperesthesia became very excessive and was most marked upon the left leg. The muscular contraction, which at first was only slight and of a chronic nature, had now become tonic, the muscles never being entirely relaxed, but the slightest provocation would cause a spasmodic contraction closely resembling that of tetanus. Any noise in the hall, or quickly approaching his bed, would bring on what seemed to be a well marked tetanic convulsion. The muscles would become very rigidly contracted, the patient resting only upon his head and heels. Notwithstanding the use of the most powerful sedatives, these symptoms grew steadily worse; the expression became haggard.

At the request of Dr. J. W. Marsee, the patient was anesthetized and encased in plaster-of-paris, from the waist to the toes. The body was well protected from the plaster, and the bandage accurately applied. This set the muscles at rest and afforded almost immediate relief, so much so that the patient fell asleep shortly after, and was able to sleep afterward without a hypnotic—something he had not done since his admission. From this time on the hysterical symptoms became more manifest. He was peevish, would cry over little things, and almost always had a frowning expression, and tried to appear worse whenever the physician or any stranger came into his room.

The plaster was left on for two weeks, when he seemed to be entirely relieved of his nervous trouble. After the plaster was taken off, the muscles of the legs were found to be still more or less contracted, but not enough to cause any great amount of pain.

The hysterical symptoms still became more marked. One day his mother (whom he had not seen for four years), visited him, and he became very much excited, and complained of pain in his heart. After she had left he seemed to be wild with pain, claimed he could not straighten his limbs (which at that time were strongly flexed), and lay trem-

bling, apparently helpless, and screaming at the top of his voice. All efforts to quiet him only made him worse, but he was immediately and entirely relieved by a hypodermic of pure water. In a very few moments he straightened his limbs and fell asleep. He has had several similar attacks since, and is easily relieved in every instance by a hypodermic of pure water, or a little water made bitter with quinia. This is certainly sufficient to prove that a part of his present trouble is hysterical. He is still improving, but the muscles of the legs are still slightly contracted, the extensor tendons stand out boldly, only where held down by ligaments.

On the first day of April the tendon of the tibialis posticus muscle slipped over the malleolus, and now pass down to the foot in front of the malleolus, instead of behind, where it normally belongs. It can be replaced without causing any great pain, but will not remain in place for a moment by itself. This is probably due to the tonic contraction of the muscle, and to the weakened or softened condition of the ligament, so common in gonorrhoeal rheumatism. This kind of a displacement seems to be an anatomical impossibility, on account of the overhanging process of the malleolus, but nevertheless it is true in the case cited.

PUERPERAL MASTITIS.

BY G. P. HALE, M. D., WHEATLAND, TEXAS.

Perhaps there is no accident of the puerperal state more embarrassing to the accoucher than the occurrence of mammary abscess and its painful sequelæ. And if, in addition to the fact of mastitis alone, our patient has formerly been a victim of the disease and to have but one available breast, the case becomes one of possible gravity as regards the welfare of the child.

In the first years of my practice I followed faithfully the orthodox plans of treatment, and "cured" most of my patients with a bistoury. Of late I have adopted a practice which has been almost uniformly successful in preventing suppuration, if early used.

I direct a thorough bathing of the hot, turgid and painful breast, except the nipple, with spirits of camphor, which, evaporating, leaves a thin coating of finely pulverized camphor, and this I have thoroughly rubbed into the breast with olive oil, with as much gentle massage as the patient can bear; di-

recting especial attention to that quadrant of the breast—usually the upper or lower outer—which is most painful and indurated. I then prepare, from thick red flannel, a circular piece—of sufficient size to cover the entire breast—from which I cut four V-shaped pieces; in other words, prepare a modified Maltese cross bandage. An aperture cut in the center for the nipple, and our bandage is complete. Upon this I spread thickly an ointment of cosmoline, into which has been incorporated sufficient spirits of camphor to give it a distinct camphor odor, and apply to the breast, securing with a strip of thin muslin eight inches in width, extending firmly around both breasts and knotted over the sternum. The patient's comfort is the guide to the tightness of the bandage.

The relief of pain is almost immediate, and soon milk pours freely from the affected breast; the "cake" disappears, usually not to return again; but I direct massage with the oil, twice or thrice daily, preceding with the camphor, if necessary, as a safeguard against relapses.

If desirable to limit the secretion of milk, kali iodidi in thirty grain doses, repeated twice or thrice daily, is a most efficient remedy. Belladonna, or its more exact preparation atropia, though pushed to its physiological limit, and producing full dilatation of pupils, has proven utterly worthless in every case in which I have used it.

Breast-pumps are almost useless, and from the irritation caused often harmful. The traditional "puppy-dog," so highly lauded by my teacher—the late Professor Wallace—is a good substitute, if not too repugnant to the patient.

Chronic Constipation.

Dr. I. N. Love, in *Weekly Medical Review*, says:—I know no more valuable compound for the relief of chronic constipation than the following pill—aloin, 1-20 gr.; ex. belladonnæ, 1-20 gr.; strychnæ sulphate, 1-60 gr. One pill at bedtime, and if necessary an additional one in the morning. The great advantage of the combination is that it acts as a tonic to the muscular coat of the intestine, favoring and stimulating peristalsis. An aid to the securement of favorable results is to impress the patient with the habit of selecting a definite hour in the day for attention to that part of the toilet, and to religiously observe the hour, allowing nothing to interfere with the duty.

The Indiana Medical Journal

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Short practical articles, reports of Society meetings, and medical news solicited.

The Editors are not responsible for the opinions of contributors.

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ANNUAL REPORT OF THE CITY BOARD HEALTH.

The seventh annual report of the Board of Health of the City of Indianapolis, for the year ending December 31, 1887, has been received from the Secretary, Dr. S. E. Earp, who will mail it on application to those desiring it. The officers of the Board are—Dr. T. N. Bryan, president; Dr. S. E. Earp, secretary; Dr. J. B. Long, and Col. N. R. Ruckle, *ex officio* member. The sanitary officers are—W. K. Thompson, inspector of meats; L. Crane, inspector of premises; and E. C. Hedden, clerk.

The death rate for the year was $14\frac{1}{2}$ against $15\frac{1}{2}$ for 1886. Of scarlet fever, 432 cases are reported, with 16 deaths; diphtheria, 425, with 90 deaths; measles, 2816 cases, with 40 deaths; typhoid, 87 deaths were reported from 1500 estimated cases (figures not accurate, as many cases were not reported).

Of the 1937 deaths 249 are from consumption, 37 from tuberculosis, 86 cholera infantum, 51 heart disease, 80 inanition, 94 pneu-

monia, 60 meningitis, 51 from diseases not stated. There were 5 suicides, 5 gunshot deaths, 118 still-born, 35 premature births, 7 sunstroke, 7 syphilis, 43 old age, 38 paralysis, 39 "cancer," 18 "dropsy," 5 drowned, 16 "killed accidentally," 3 "jaundice."

The names of the diseases are taken from the death certificates, the board possessing no right to alter them. Nevertheless many of them are suggestive of ignorance or gross carelessness on the part of those reporting them. Thus cases are reported as dying from "abscess," "kidney disease," "cancer," "change of life," "congestion," "debility," "fever," "injuries," "accidents," "jaundice," "poison," "dropsy," "teething," etc., and 51 not stated.

When will physicians learn that such names as "dropsy" and "jaundice" are only symptoms of disease of some organ of the body, as the heart, lungs, liver or kidneys, or else some constitutional malady? To say that a patient died of jaundice or dropsy leaves us in ignorance of his real malady, and such reports are absolutely worthless for statistical purposes. The same criticism is applicable to the cases reported as dying of "cancer," "poison," "injuries," etc. Cancer of what? What kind of poison? What were the nature of the "injuries"? In what part of the body were these fatal "abscesses" situated? Of course it is not possible to distribute diseases thus named nosologically, and so we find, under the group "Urinary System," albuminuria 2, Bright's disease 11, kidney disease 4, uremia 4, etc. The tables are thus rendered valueless for purposes of comparison. We called attention three years back to a similar difficulty with the dispensary report. In the present case there is no help except in the education of physicians, but there is no reason why a dispensary report should not be nosologically perfect.

Of the deceased 1669 were white, 254 colored; 492 were under 1 year, 1 was over 100; 96 were from public institutions; 149 on coroner's certificate, 18 on midwives'; 120 were deaths from violence. Of the births—2116

in all—210 were in March, and 130 in May; average 193 each month.

There were 17 prosecutions; 6 of physicians for failing to report infectious diseases, and 7 of property-owners for not cleaning premises on order.

The great number of still-born and premature births—154 all told—is suggestive. It tells its own tale of criminal abortion and murder. If to these could be added all the criminal abortions in the early months of pregnancy, the figures would be appalling. We are glad to know that the Health Board has under surveillance several of these criminal abortionists, and if we mistake not, before another year passes, some of them will have to answer for their crimes before an outraged law.

Officer Crane made over 2000 inspections and 3000 condemnations of vaults, cellars, alleys, wells, sinks, drains, etc.; he placed 1283 contagious disease cards and took down 1417; he must be the most active man in the universe, except officer Thompson, who visited retail meat markets 1330 times, and made a total of over 3000 visits.

The board and its officers seem to have had a busy year. They have doubtless done good work against great odds. They should have the sympathy and support of the profession. The work is always disagreeable and often dangerous. The amount received by the officers and members is but a pittance; the balance of their salary is made up in "glory" here (and we hope hereafter), and in the consciousness of having suppressed stinks, destroyed the rotten food which poisons the poor, and prevented by efficient work and organization a thousand evils which otherwise would infest the city. Like Pandora, they hold down the cover of the box and have secured Hope, so that the health of the city may be secure. The JOURNAL supports the Board of Health.

Dr. J. F. Hibberd, of Indiana, was elected a member of the Judicial Council of the American Medical Association.

American Medical Editors' Association.

The annual meeting of the American Medical Editors' Association was held on May 7, in the parlors of the Burnet House, Cincinnati. The president, Dr. W. T. Porter, of the St. Louis *Weekly Medical Review*, delivered an excellent address, in which he spoke upon the power of the medical press, and made a manly plea for unity, without which those interests which are the inheritance of each will be narrowed by sectional lines and personal jealousies. "I believe in peace and harmony," said the speaker, "but I prefer that peace which is made secure by strength, and that harmony the keynote of which is well secured right. It is well to meet those with whom we have differed should they so desire, but it may be that in advancing half way we should do so in solid column. The honest wish of every true American physician is that we may have a united profession, and that the sharp dividing lines so recently drawn may be obliterated. Let me urge you that in attempting to reach this end we must not permit a process of absorption to go on, which shall reduce one part of our land to the condition of an outlying province, controlled by and tributary to another part." The necessity of organization and aggressive action was dwelt upon at length. Regarding the charge that has been made against the Association, viz., that it is organized and conducted for purposes other than those of pure medical journalism, he said:

"If to band together to promote those interests which are just and right and common to us all; to expose fraud in and out of the profession, in the North or South; to insist that he who is worthy shall be esteemed, whether he comes from the far West or the distant East; to build up our local and State societies, to further the cause of our National Association; if to unitedly plan to keep these kindred questions before the profession be a conspiracy, then we are to-night conspirators of the deepest dye."

At the conclusion of Dr. Porter's address, the Association unanimously tendered him a vote of thanks.

Dr. Matthews, of Louisville, then presented for approval a constitution, which on motion was read by section, amended and adopted.

The Association then took up the question for the evening's discussion, viz., "How far do medical journals distributed by drug houses and manufacturers interfere with regular medical journals?" The general sentiment of those who spoke upon the question was that trade journals were damaging to regular medical journals, and demoralizing to the medical profession.

Icthyol in Subcutaneous Inflammations.

Icthyol is coming more into use. First discovered by Schrotter, and now used for several years by Unna in skin treatment, its use is extending westward. Dr. E. Martin reports to the Philadelphia County Medical Society fifteen cases of marked inflammatory induration of the subcutaneous tissues with invariable and speedy, and in some cases an almost magical reduction, after other means had failed. He had no results in cervical adenitis or furuncle. One striking case of erysipelas of the scalp, with immediate cure, is reported. It proves good in affections characterized by inflammatory enlargement; also with pain of peripheral origin, depending on inflammation or congestion. In such cases a powerful antiphlogistic is indicated, and this we have in ichthyol. For vitiated skins, 3 to 5 per cent. is used; with skin intact and subcutaneous congestions, pure or one-half strength ointments are used. Before use wash with soap and warm water. The oil is soluble in water. Icthyol is a clear yellow brown fluid, gotten by distilling bituminous shales found in Tyrol, containing remains of fossil fishes. Icthyol contains ten per cent. of sulphur. The distillate is neutralized with ammonia, forming an ammonium sulphicythylate. It takes up oxygen easily, and so acts as a powerful reducing agent. Its use is extending in Indianapolis, and it is now kept on hand by the leading druggists.

Memoranda.

The American Medical Association will hold its next meeting at Newport, Rhode Island.

Two volumes of the Transactions of the International Medical Congress are now ready for distribution.

Dr. W. W. Dawson, of Cincinnati, was elected president of the American Medical Association, an honor worthily bestowed.

Dr. Ralph St. Perry, of Indianapolis, will issue on June 1st the first number of a journal devoted to diseases of the skin.

The Cincinnati *Lancet and Clinic* issued a daily edition during the meeting of the American Medical Association.

The bill providing for the infliction of capital punishment by electricity has passed the New York Assembly by a vote of 87 to 8.

The Massachusetts Health Board has decided that oleomargarine is a healthful compound, and the public should be permitted to have it.

A Mrs. Johnson, of Indianapolis, crazed by the so-called Christian Science method of healing, recently committed suicide after killing her little boy.

Dr. Gibney, of New York, extols subiodide of bismuth as being equally efficient as an antiseptic as iodoform, and without the disagreeable odor of the latter.

The Marion County Medical Society will give a banquet at the Grand Hotel to the members of the Indiana State Medical Society, on the evening of June 5, 1888. A register will be provided for all members, and each will be given a ticket of admission. It will be an elaborate affair, and on behalf of the special committee appointed by the Marion County Medical Society the JOURNAL is authorized to extend a cordial invitation to all members of the State Society in good standing.

At the recent meeting of the Missouri State Medical Society, Dr. Dutton reported a case in which a man was shot through both walls of the abdomen, anterior and posterior, the ball passing through the liver. Laparotomy was performed, and the patient recovered.

Dr. Frederick A. Castle, *Medical Record*, May 12, says that the students of one of the medical colleges of New York City, take from the school a formula which, by its incongruity, serves to establish their *Alma Mater* about as effectually as the ear-mark designates the ownership of a stray cow on a western cattle ranch.

Several deaths have resulted from the accidental contact with electric wires in New York City. As it is probable that Indianapolis will be lighted with electricity in the near future, any contract that the city may make for such a purpose should stipulate that the wires must be put under ground. In no other way can absolute safety against fires and loss of life be insured.

The Rush Monument Committee, in its report to the American Medical Association, says that the medical profession has not responded to their appeal as readily as was to have been desired. Thus far only \$709 has been received. The Michigan State Medical Society has promised \$100, and the Pennsylvania State Society \$400, in addition to the \$100 already contributed. Why can not the Indiana State Medical Society contribute something to this fund?

A man with a sore arm, accompanied by a pal whose arm was not sore, went into a Grand Rapids drug store recently, and asked the learned druggist, who claims to know a thing or two about medicine himself, to prescribe for him. Now the aforesaid druggist is never more delighted than when "prescribing over the counter," and thus cheating the doctor out of his fee. So he took the man behind the prescription case, examined his arm in a learned and professional way, and put up a prescription, which he assured him was a sure cure. The patient paid a fee of

one dollar, took his sore arm and went away. But when the learned apothecary went to his money drawer to deposit his dollar, he found that fifty dollars of his good hard money had been stolen by the man whose arm was not sore. The druggist is as mad as mad can be, but the physician who has his office next door has a smile on his face a yard long. Moral:—Druggists who know so much about medicine are sure to come to grief.

In a recent Ohio case (*Medical Record*), the strict liability of apothecaries for mistakes in putting up prescriptions was again declared. In this instance an Italian, quite ignorant of English, asked the druggist for oil of sweet almonds, a drug desired by his wife in her confinement and frequently used by her previously. The druggist's clerk put up by mistake the oil of bitter almonds, and did not indicate in any way that it contained poison. The patient swallowed the contents of the bottle, and almost immediately died. In a suit for damages the druggist denied his liability for his clerk's mistakes, but the jury gave a verdict against him for \$1,000, and the decision has been affirmed on appeal.

At the recent meeting of the Indiana Eclectic Medical Society, a committee was appointed to interview all candidates for State offices regarding their views on the question of medical appointments. If the candidates will not pledge themselves to give the Eclectics a share of the official spoils, they propose to exert their influence against their election. Such an exhibition of assiduity on the part of a body claiming to be composed of scientific, dignified men, is enough to make Peter's wife's mother sick of the fever. Appropos to this movement we have a suggestion to make, viz.: How would it do to make some of the representative Eclectics of Indianapolis—the "lung renovator jackass," for instance—Secretary of the State Board of Health?

Don't fail to attend the State Medical Society, June 5th and 6th, and while here subscribe for the JOURNAL.

Practical Medicine.

CONDUCTED BY J. W. MILAM, M. D., VINCENNES.

A Rare Case.

The patient, a married man, aged thirty-six, absolutely trustworthy, one of the most progressive business men of the city, had an attack of urethritis three years ago, resembling gonorrhea in every symptom, but was undoubtedly non-specific, as he maintained marital relations with his wife during the attack without infecting her. The attack yielded readily to simple local treatment.

On May 2d (inst.) he had a profuse mucopurulent urethral discharge, which persisted but a short time, partially yielding to soothing astringent washes. In a few days from the commencement of the discharge he had a very painful chordee, recurring but twice. Sexual passion is absent. About the 9th he had intercourse, and the act was followed at once by a profuse hemorrhage from the urethra. The same thing occurred on the 13th. On the following day he presented himself again, with an oozing of blood from the urethra. The inflammatory discharge (if it can be so called) continues, but is slight.

The patient is a pale, cachectic man, with a rheumatic tendency, but claims to now be in good health, having good appetite, sleeps well, and is in fine spirits. The case is certainly anomalous. Treatment has but little effect. There is nothing of a specific nature about the case. The urine is free of blood, proving that the hemorrhage is solely from the urethra. Urination is not now attended without any pain or discomfort at all. There was pain on micturition at first, but since the first hemorrhage that has entirely ceased.

There exists no structural changes in the nature of strictures or ulcers. At no period in the progress of the case has there been any pouting of the meatus.

One point of interest which may throw some light on the case is the fact that he wears a condom during sexual intercourse.

The pressure of the cord at the opening of the condom may have caused an engorgement sufficient to result in the bursting of a blood-vessel in the urethra at the climax. Is this the probable cause, or is the condition one of an oozing resulting from an enfeebled and relaxed state of the tissues following the engorgement of erection? Has any JOURNAL reader met with a similar case? If so, let us have a diagnosis and plan of treatment.

Opium Habit.

While too much can not be said to warn people against acquiring the opium habit, yet much harm is done by our leading people by claiming that the chain can never be broken except under restraining treatment. In this way we create a hopelessness which tends to produce a reckless abandonment to the vice. We physicians know, by almost daily experience, that small quantities of morphine, chloral, etc., can be given to patients for many days and easily broken off. Of course larger doses weaken both bodily and will power; but it is a well known fact that persons *do* voluntarily reduce their daily allowance of opium, even after they are taking two or three scruples a day or more, while some of the heaviest "eaters" have held their allowance at the same point for ten to fifteen years. True, we owe it to those who have never formed the habit, to paint the vice in repulsive colors; but we also owe it to the victims to show them the way out of the wilderness and back to the Canaan of self respect, through the highway of will-power and across the Jordan of a small daily self-denial. I have studied this subject in every phase—practically, theoretically and experimentally—and I know whereof I speak when I say that the daily dosage can be reduced down to utter abstinence with very little discomfort, by any one not otherwise afflicted. As we can not reach the public through the medical journals, they ought to be told in the daily press that

All that other folks have done,
So can you do, every one.

Small Doses at Short Intervals.

There is a tendency to shorter intervals between doses, and smaller doses. It is a move in the right direction. The custom of giving a big dose of medicine every four or five hours is pernicious. In that way we have the patient profoundly under the influence of the drug for a couple of hours or less, and then the influence dies out, and in case of some medicines the subject is entirely out from under the influence. Recently some physicians have adopted the plan of giving small doses every hour. This plan is an excellent one with most drugs. Of course in the use of some, as certain tonics—constructives generally—the doses may be given at long intervals, but certainly one of the *advances* recently made is this one of giving smaller doses and more frequently.

Antiseptic Treatment of Boils and Carbuncles.

Prof. Verneuil, well known as the champion of conservative surgery, lately made a communication to the Academy of Medicine on the antiseptic treatment of boils and carbuncles. The author observed that the treatment of carbuncle has greatly varied within the last forty years, but has gradually become less surgical, without on this account being less efficacious. After having tried in common with other surgeons the old method of free incisions and punctures, the result of which was anything but encouraging, Prof. Verneuil resorted to the thermo cautery, followed by carbolic acid dressings. But as he now obtains the same results with the carbolic acid spray alone composed of a two per cent. solution, which he employs for two hours daily in two, three or four sittings at the convenience of the patients, and with a very powerful instrument. This treatment is adapted to all the forms, to all the phases, and to all the stages of the disease. At the outset the carbuncle has the character of being aborted. Later on, should this result not have been attained, and the disease progresses, when perforation and mortification of the dermis have commenced, and when suppuration and the elimination of the cores of the abscess are proceeding, this treatment limits the sphacelus, favors the separation of the sloughs, carries off mechanically the pus,

disinfects and deterges the wound, and lowers the body temperature which is accompanied by the cessation of the general symptoms. When the subject is not cachectic, the granular membrane once deterged has generally a good aspect, and cicatrization proceeds as quickly as the extent of the loss of substance and the suppleness of the surrounding integuments would permit.

Dr. Perrin, of Val-de-Grace, stated that he employed another method with success, which consists in prolonged baths in hot water, and the application of a cold starch poultice during the night.

A discussion followed, in which several members took part. Dr. Le Roy Mericourt, an old navy surgeon, did not believe in the microbial nature of boils and carbuncles. As to the treatment, he states, that if it be true that the carbolic acid acts as an antiseptic, he thinks that it would be preferable to practice an injection into the substance of the carbuncle, as is done with the tincture of iodine in malignant pustule. Should the patients feel relieved and the disease amends by the carbolic acid spray, he believes it to be due to the cold water and not to the acid.

Several other members gave the result of their experience, all adhering more or less to the old method, that is to the medical and surgical treatment, although there was a manifest tendency towards the former.

To the objections that were made against the use of the carbolic acid spray, Professor Verneuil retorted that those who had not tried his method had no right to criticize it. Moreover, although he has now adopted this method as a general rule, he did not wish it to be inferred that this was done to the exclusion of operative measures in suitable cases, but that he employs the thermo cautery in preference to the knife.

Local Application of Calomel in Phagedena.

[Dr. T. J. Gallwey. in British Medical Journal.]

I had a case of phagedena ulceration of the under surface of the glans penis under my charge at the Station Hospital, Brighton, in August last, which defied the recognized treatments of this disease. I applied nitric acid in the most thorough manner on six different occasions during a period of eighteen days without success. I then applied pure carbolic acid, but the disease again returned. Constitutional treatment with opium was adopted throughout. For six days the pa-

tient sat in a hot-water hip bath on an average of about four hours daily without any appreciable effect on the course of the disease. The condition of the penis on the twenty-first day was as follows:

A large ulcer existed, covering the entire under surface of the glans, molding it like the mouthpiece of a flute, and extending to the reflected foreskin in the vicinity of the ulcer. A third of the glans had been destroyed. The surface of the ulcer was covered with a reddish gray secretion, irregularly disposed; and pierced here and there by large red granulations. The edges were angry and undermined. I applied calomel powder on the twenty-first day of the disease, spreading it thickly, and pressing it well into the interstices of the ulcer. The calomel acted like magic; the ulcer began to heal rapidly. Now and then a suspicious spot appeared, but it was at once dissipated by a thorough application of the calomel. The patient made an excellent recovery, and was very much pleased at the result, for he believed he was going to lose the whole affair. I could give him but little hope. I had used all the recognized methods of treatment, and the literature of the subject pointed to those slow, creeping ulcerations as almost incurable, except by amputation, and then very often the disease returned in the stump. I was tempted to use calomel, as I have found it very useful in all forms of syphilitic ulcerations.

A Handy Cure for Hiccough.

[New York Medical Journal.]

There may be some occult connection between hiccough and the auditory apparatus. Not long ago we published an account of somebody's method of stopping hiccough by applying a drop of water to the external ear. Now Dr. Dresch, of Foix, France, has written a letter to the editor of the *Bulletin general de Therapeutique*, in which he describes another method, almost as simple, also relating to the ear. Dr. Dresch states that the procedure was not original with him, but that he can not remember how it was made known to him. The method is as follows: The sufferer should close his external auditory canals with his fingers, exerting a certain degree of pressure; at the same time he is to drink a few sips of any liquid whatever, the glass or cup being held to his lips by another person. The effect is said to be immediate.

Acute Gastric Catarrh.

[Lancet.]

Catarrh of the stomach is perhaps more frequent in infancy than catarrh of any other mucous membrane; it attacks the feeble, the anemic, the convalescent, and the sufferer from any form of fever, while the healthy babe is not exempt. The gastric juice is altered in quality and diminished in quantity; the digestion is consequently impaired, while the muscular coat may be paralyzed or too irritable. The treatment should consist more in the avoidance of certain articles than in the administration of drugs. Small quantities of iced water, seltzer, or other effervescing water, relieve the thirst; Jacobi recommends greatly diluted muriatic acid in the proportion of one part to three or ten thousand. Milk should not be given if there be much mucus ejected from the stomach; indeed, it is well to withhold milk entirely for a day or two, and give only whey or some mucilaginous or farinaceous liquid.

Use of Boracic Acid.

[Lancet.]

It is well known that boracic acid is practically harmless. Gaucher has found it useful in impetigo, and the more so because it is without color or odor. The scabs should be removed by means of poultices, and a solution of boracic acid in glycerite of starch, 1-10, is then applied. Gaucher has cured a case of tuberculosis of the skin in the same way, and has given the acid in ten-grain doses in pulmonary tuberculosis, with advantage. The urine eliminates the acid readily and rapidly, and, as would be supposed, boracic acid is useful internally in cystitis, especially of old men.

Should a plethoric woman in puerperal convulsions be bled? It is believed by some high authorities that all women who are not *anemic* should be bled if the convulsions persist. It is a subject of vast importance to the general practitioner, and one on which we ought to be fully informed. Let the obstetricians and gynecologists speak out.

Dr. F. H. Gelchell, of Philadelphia, says that the clay-eaters of Central North Carolina should be called arsenic-eaters, as the clay which they consumed with such avidity contained a large proportion of arsenic.

Obstetrics and Gynecology.

FRANK C. FERGUSON, M. D.

Endometritis.

At a meeting of the Practitioners' Society of New York, April 6, 1888, Dr. William M. Polk read a paper on the treatment of endometritis by drainage and by packing with iodoform (*Medical Record*, May 10). He referred briefly to the usual methods of treatment of endometritis, which, while differing among themselves, had one point in common, namely, that they were most unsatisfactory in their results. A consideration of the conditions present in endometritis should lead to a more rational therapy. In this affection there is an inflamed and suppurating surface lining a nearly closed cavity, and the conditions are almost exactly comparable to those present in an abscess with an opening of sufficient size for the free escape of pus. The discharge is retained in the cavity, bathing the already inflamed surfaces, keeping up the irritation, and preventing thereby any attempts on the part of nature to effect a cure. In the case of an abscess cavity with a small opening, the plain indications are to enlarge the opening and drain away all the irritating discharges as rapidly as they are formed, and a similar mode of procedure should be equally effective in the analogous condition found within the uterus in endometritis. He had treated a number of cases after this plan with good results; the method was rational in theory, and the benefit thus far obtained by its application was sufficiently striking to warrant its further trial. He first dilates the os, if necessary, in order to give exit to pus. This can be done in most cases without danger, unless adhesions are present. Then, if indications call for it, he uses the curette freely, and finally secures an efficient drainage by the introduction into the cavity of the uterus of a strip of iodoform gauze.

Dr. Polk reported several cases in which this method had been employed with good

results. In one case the tubes had previously been removed, but the improvement following the institution of drainage by the iodoform gauze was so speedy, that it could not be attributed to the natural process of involution which might be hoped for in time after the removal of the tubes. The applications were made every few days for a month. He thought in most cases the main cause acting to keep up the disease was the stricture of the internal os.

In the discussion of Dr. Polk's paper, Dr. Shrady very sensibly remarked that the sequence of events, in cases of endometritis, is generally constriction of the os, endometritis and salpingitis. To remove the tubes in such cases is to begin at the wrong end, to treat the result rather than the cause.

Sympathetic Morning Sickness.

Dr. Hamill recently reported to the Obstetrical Society of Philadelphia (*The Polyclinic*), a case of morning sickness appearing in the husband at an early period of his wife's pregnancy. Two weeks after the appearance of menstruation for the last time, the husband had daily morning attacks, and not until it was time for the next menstruation had the woman any other evidence that conception had taken place, and then she failed to menstruate. The husband continued having attacks for two months. During her previous pregnancies the husband had suffered from the same attacks, but not until they were both cognizant of the fact.

Dr. William Goodell remarked that Sir Francis Bacon had written some lines upon this subject, the substance of which was that "loving husbands so sympathize with their pregnant wives that they have morning sickness in their own persons."

A writer in the *Lancet*, May 4, 1878, refers to a case in his own practice, in which the husband's nausea and vomiting begun and ended with his wife's.

Dr. T. B. Harvey recently told me of a case, occurring in the practice of a friend, in which, when labor supervened, the husband

had pains as regularly as the wife. Toward the close of the confinement his pains became so severe that he insisted on taking to bed with his wife, where he exhibited all the phenomena of real labor. When the child was delivered, weary and exhausted he fell asleep, and when he awoke it was found that he, too, was delivered—but not of a child.

The Significance and Localization of Pain in Pelvic Diseases.

Dr. Henry C. Coe, in a paper read before the New York Neurological Society on the above subject, speaks as follows of "ovarian" pain:

It is variously described as "shooting," "darting," "sickening," and is usually located in the left groin or iliac region, is deeply seated, and is frequently associated with referred pains in the sacral and sciatic nerves, and mammary neuralgia, all of which are aggravated at the commencement of the menstrual period. Pain of a peculiarly sharp, lancinating character in the same region has been ascribed to an accompanying affection of the tube, but it presents no peculiarities that could not be explained by localized peritonitis. Now, as is well known, the ovarian region is the seat of various reflex pains associated with disease of the uterus, of the opposite ovary, or even of the rectum, so that locality alone does not give a positive indication of disease of the gland. The true ovarian pain is probably only clearly defined in the case of the enlarged and prolapsed (but non-adherent) organ during defecation or coitus, when it is directly subject to mechanical pressure. But, when diseased ovaries and tubes are buried in adhesions the characteristic pain (if there is any) is masked by that due to the adhesions. This is an extremely important practical point, which has only recently received careful attention. It has been shown by Hegar that cicatricial nodules in the broad ligaments may produce nervous symptoms identical with those referred to chronic oophoritis, even including the exacerbations at the menstrual periods. If this is true, it seems to be a fair inference, as I have repeatedly urged in discussing this subject from a purely gynecological standpoint, that in the majority of the cases in which we assume that pain is of intra-ovarian origin,

it is really due to pressure on the nerve fibres *before* they enter the ovary, and not to pressure on the terminal filaments within the stroma, in consequence of general induration of the tissue. If the pain was principally of centric origin it would not only be constant, but it would be unrelieved by electricity or by the separation of peri-oophoric adhesions, since the morbid conditions within the ovary would remain unchanged.

Management of the Placenta in the Third Stage of Labor.

Dr. T. Griswold Comstock contributes an article to the *Buffalo Medical and Surgical Journal*, on the management of the third stage of labor, which in view of his large experience, having, he avers, attended twenty-four hundred cases, contains some points of interest and wisdom. The doctor says:

When the second stage is nearly terminated, and the child is about to be delivered, the practitioner should assist the contractions of the uterus by placing one hand over the region of the fundus, and keep it there until the child is born, and as the uterus goes down, and involution already commences he should maintain gentle pressure upon the fundus until the placenta is delivered. By means of this simple maneuver, nature will be assisted, and (with the rarest exceptions) the after-birth will be delivered without any untoward accident. We were formerly taught that the placenta should be delivered in twenty minutes, or means should be taken to deliver it by manual extraction. This is an error, because many cases occur, especially after difficult labors and where forceps have been applied, when the placenta will be delayed for one hour, or sometimes even two hours, and not the least harm results. I am now supposing that the practitioner or intelligent nurse remains by the side of the woman with one hand over the fundus. If, after twenty-five minutes have passed, the parturient patient has no pain, the practitioner may insinuate two fingers into the vagina, guided by the cord, and see if he can find that the after-birth has come down into the vagina, and seems to be detached. He may then make very gentle traction upon the cord, and at the same time press with a little force upon the fundus, and see if it excites any pain. If the woman has no pain, he should

wait patiently for from ten to twenty minutes longer, and then may make gentle traction once more, and see if any pain is excited. If no pains result, then let him wait patiently until the hour is up, when he may make careful manipulations over the fundus, and, at the same time, make a little traction upon the cord. He may also ask his patient to blow into one hand and repeat it for several times, and often this will excite a pain. As soon as the pain sets in, let him keep up the abdominal pressure, and make traction upon the cord, so as to assist in the final expulsion of the placenta, until it is out of the vagina, when it should be carefully twisted around so as to bring out with it all the membranes, and make a complete delivery. After the complete expulsion of the placenta and removal of all blood-clots, the practitioner's duties have not ended, for it is better to keep up pressure for a few minutes, and see that the womb remains contracted, that the involution may be permanent. This plan of treatment, if quietly and persistently carried out, will prove a perfect success in, I might say, almost every case.

Regarding the administration of ergot, I follow the special instruction of Prof. Pajot, of Paris, who says: "*Never give ergot when there is any thing in the uterus.*" This, for many years, I have strictly adhered to, although I was taught just the opposite by my earlier teachers. After the placenta has been delivered, if you think the involution is not complete, or if you fear that hemorrhage may set up, you may then give a dose of ergot.

In my recommendation of the removal of the placenta, I do not wish to be understood as opposed to active interference when hemorrhage is present or threatening, or when we have an adherent placenta to deal with. In such an event, of course, it is rational and proper to remove the cause at once, and it may be required to deliver the placenta forthwith by manual interference.

I consider the forceps the child's instrument, and a means to save much pain for the mother, so that, statistically speaking, I have found it requisite to apply them, for the past ten years, about once in thirty cases of labor. It is always my custom to apply a bandage after the labor is completed. I do not insist that it is always absolutely requisite, but often it is necessary, and, when properly applied by the practitioner himself, it never does any harm.

Cutaneous and Genito-Urinary Diseases.

CONDUCTED BY A. W. BRAYTON, M. D.

Scarification as Applied by Vidal.

Besnier and Vidal divide the group "lupus" into two varieties; *Tubercular lupus*, accepted as a tuberculosis of the skin, and *Erythematous lupus*, which these authors place in the same morbid group as the former, but which many regard as a distinct disease. Both forms are treated by scarification. The instrument used is Vidal's scarifier, a modification really of Balmanno Squire's knife. It is a flat steel blade, with two cutting edges and a triangular point. It is held like a pen. In treating tubercular lupus linear cuts close together as possible are made, and then cross incisions. The object is to cut the neoplasm in all directions, to penetrate to the base of the tubercular deposit, and to cut out far enough into the healthy tissues to destroy all the dilated and diseased vessels of the periphery. Local anesthesia is secured by ether spray, by chloride of methyl, or by cocaine injected under the skin. If the patient is courageous the anesthetic is best dispensed with, as the freezing makes the parts hard, and of a white color, and so the diseased is not readily distinguished from the sound tissue. Vicious hemorrhage should not occur, as the cuttings never divide the derm to its base. If they do they are too deep; the veins and arteries of the hypoderm are cut, and bad scars result.

In lupus vorax the tissues are cross cut till they are reduced to a pulp and healthy tissue is found at the bottom and sides. Nothing is removed; a tampon of cotton with perchloride of iron is applied, and in a week the ground is ready to cut over again. Ordinarily two to four operations arrest the growth.

Lupus of the mucous membrane, particularly of the conjunctiva, is most rapidly benefited by scarification. The gums and vault of the palate are best treated with the electro-cautery, of the nostrils, by the sharp curette, followed by the cautery.

In all cases the period of observation should extend through a year. Some are well in a few weeks; others resist indefinitely. As to the results, the scarification process in skillful hands produces an almost perfect cicatrix, while in scraping, actual cautery, and notably with caustics, depressions, loss of substance, cicatricial bands, and other irreparable deformities, are produced. If a bright redness remains at the borders of the neoplasm, the cure is only apparent, and the process must be renewed. This method properly used, says Brocq, surely arrests the destructive march of *lupus vorax*, prevents all the horrible pains consequent upon it, and cures most forms of *lupus* without leaving bad cicatrices. The inconveniences are pain, hemorrhage and the slowness of cure and necessity of frequent operation; but all these may be overcome or endured in this mode of treatment, especially of the face, where a good scar is the thing so much desired. For *lupus* of the limbs and body this method will never probably take the place of the cautery.

Dr. Besnier has thought that the tubercle bacilli of the *lupus neoplasms* may pass by the vessels widely opened by this treatment to the entire system, and so change a localized cutaneous tuberculosis into a visceral or even systemic infection. The observations of Brocq do not warrant this possibility.

Linear quadrilateral scarification has been successfully used in far advanced cases of rosacea of the varicose form, in sycosis, in keloid, cases of old chronic eczema with skin thickening, and also in rebellious pruritus.

In short it would seem that Prof. Vidal has erected a method with skin diseases of wide application, and which cures promptly some forms which were rebellious to all other treatment.

Lithotomy in India.

Surgeon-Major Freyer, of the Bengal service, reports 100 cases of stone operated on by himself in the last two years without a death. Of the cases 61 were adult males,

16 male children—making 77 litholapaxies; there were 22 lithotomies and one supra-pubic cystotomy.

Surgeon-Major Keelon, of Sind, India, reports 188 cases of lithotomy in a year. Of these 105 were under 25 years; from 25 to 70, there were 83 cases and 8 deaths. One of the stones removed weighed 14 ounces, and forms the center-piece of 1000 in the author's collection, all removed by lateral lithotomy, except the very large ones. The natives consent only to lithotomy. Stones over 6 ounces are large. There were but 4 cases of hemorrhage. Not an artery was tied in the 188. The nucleus in 7 out of 10 is oxalate of lime; carbonate of lime abounds in the water.

The religion of these people compel them to pass urine in the sitting position only; probably the bladder is not completely emptied.

The object of Dr. Keelon's paper is to show the slight danger of lateral lithotomy, and that lithotripsy or the supra-pubic operation will never supersede it.

Furrows on the nails may follow any severe illness, even sea-sickness or bilious fever. Sir James Paget says in his own person every severe illness is followed by a furrow. The furrows are shallow, when near the lanula and difficult to identify; they reach the middle of the nail in three months. Whatever impairs the nutrition—starvation, disease, confinement, etc., in animals, expresses itself in the exo-skeleton of vertebrates, on the feathers of birds, the pelage of mammals, the hams of cows, and particularly upon the nails of man.

The simplest and most rapidly efficacious means within the reach of all for the removal of scales in psoriasis is the following, used twice daily: Ammonium carbonate, 150 grains; lanolin, or its equivalent, 375 grains; cold cream, 750 grains. The above is painless and non-irritating; it leaves the surface smooth and free, ready for the pyrogallic acid, chrysorobin, or whatever agent has a direct action on the affection proper.

Materia Medica and Therapeutics.

CONDUCTED BY S. E. EARP, M. D.

Scotch Oats Essence.

We have no reason to disbelieve the recent analysis of "Scotch oats essence," which shows each ounce to contain half a grain of morphine. The cause of the pleasant sensation produced by it is now very evident, as well as the nocturnal composure replacing many cases of insomnia. It surely seems as if the majority of patent preparations contain some poisonous alkaloid, exhilarating in its effect, and results in the public using them indiscriminately, which is deleterious to the public health. A preparation to cure the morphine habit, and it is proven that the "cure all" contains morphine! This is the sharpest money-making scheme which has been presented for years. It was a dangerous adventure, but the love of money will tempt men to do rash acts and take desperate chances.

To the morphine eater it seemed a solace, yet in fact it was only a wolf in sheep's clothing, and to others, with fictitious ailments, it was simply paving the way for eternal destruction. Many of the innumerable so-called nervines, when taken for some disease which is attended by pain, give temporary relief only; but not this alone, it leaves a craving desire which calls for something to satisfy it, and that something generally ends in the constant use of some narcotic. Probably the selection is morphine, which means the eking out a miserable existence—a "living death," equivalent to a hell on earth.

The physician, with his hypodermic syringe, must often bear the blame in the eyes of the people, which is a shameful injustice to the profession. Little do they think that the small twenty-five cent. sample bottle, with unknown contents, which temporarily lulls their pain or produces a feeling of ecstasy, is simply sowing seeds of bitterness which may lead to a life of misery and unhappiness.

Experience in the Use of Cocaine.

[Lancet.]

Dr. Edmunds says that on applying cocaine subcutaneously for the production of local anesthesia, it is not advisable to use a stronger solution than five per cent. In his earlier cases, in which this strength was used, constitutional symptoms were never seen; but when, owing to the anesthesia in one case not being sufficient, he used stronger solutions, there occasionally occurred one or more of the following symptoms: Pulse becoming very rapid, weak, and almost imperceptible; sense of faintness and feeling of distress in the region of the heart, blueness of lips and cold perspirations, restlessness, amounting almost to convulsive movements, and dilated pupils. Happily these symptoms never lasted very long; but as nothing of this sort was seen with a five per cent. solution, it seems better not to go beyond that strength. Cocaine will entirely prevent the pain of the injection of tincture of iodine into the tunica vaginalis for the cure of hydrocele. In two cases a solution of five grains of cocaine in fifty minims of water, was injected through the cadula after the fluid had been drawn off. When, after the lapse of five minutes, tincture of iodine was injected, there was no pain or feeling of faintness, nor were there any constitutional symptoms visible from the cocaine. The iodine and the iodide of potassium in the tincture of iodine react with the cocaine chemically, but these changes do not prevent the cure of the hydrocele. It is true that the injection of a saturated solution of carbolic acid in glycerine into a hydrocele sac does not cause pain; but this treatment is apt to fail.

Hydrastis Canadensis.

[Amer. Jour. of Phar.]

In a clinical and pharmaceutical study of the root by Givopiszew (*These*, St. Petersburg, *Bulletin general de Therap.*, Feb. 29, 1888), the writer presents the following results, which, so he states, are "based upon a large number of clinical observations and experiments upon animals:" 1. The aqueous extract, even in large quantities, did not produce toxic effects in warm-blooded animals. 2. It always caused a diminution of blood pressure without a previous augmentation. 3. It always induced contraction of the uterus and its appendages. Under the influence of an aqueous extract of hydrastis the most intense contractions took place in

cases of advanced pregnancy, or soon after delivery; the contractions were weakest in the virgin uterus. 4. Large quantities of the extract may induce premature delivery in the second period of pregnancy. As clinical results, the author concludes: 1. Hydrastis is an excellent agent to combat uterine hemorrhages due to inflammation or false positions of the organ, as also against hemorrhages following the catamenial period, and in the case of too abundant menstrual losses. 2. Uterine contractions produced by hydrastis are less intense than those from ergot of rye. 3. Its use produces no untoward effect upon the organism. Even when taken for a prolonged period it causes no gastro-intestinal troubles, and often ameliorates dyspepsias which have previously existed.

Thymus Vulgaris in the Treatment of Whooping-Cough.

[Medical and Surgical Reporter.]

Dr. J. B. Johnson, Washington, D. C., says: I direct an ounce of common thyme to be put into one pint and a half of hot water, and boiled down to one pint, then strained and sweetened well with either honey or sugar. In this manner it is made pleasant to the child. To infants I order one or two teaspoonfuls to be given regularly every hour or two, and to children a tablespoonful every hour or two during the continuance of the disease. Should auscultation reveal much inflammatory action of the bronchial tubes or lungs, I usually add two drachms each of iodide of potassium and powdered chlorate of potash to each pint of the sweetened decoction, and direct it to be used in the same manner as the simple decoction. Under the influence of this treatment my little patients pass through attacks of whooping-cough with astonishing ease and comfort, and only on rare occasions have I been compelled to use any other medicines. This treatment is greatly aided by a prudent attention to diet, which should consist of milk and farinaceous foods.

Paraldehyde.

Paraldehyde, in the form of the elixir now used, is not so unpleasant in odor or taste. It is given the credit of being a much safer and more efficient preparation than hydrate of chloral. It is retained by the stomach much better, and the sleep is calm and undisturbed.

Effects of Moderate Drinking on the Heart and Circulation.

Dr. George Harley, in the *Lancet*, sums up the effects upon the heart and circulation which he believes follow the moderate use of alcohol, in the following propositions:

1. Alcohol, when indulged in, even well within the limits of intemperance, has a most prejudicial effect upon heart disease.
2. Sudden spurts of muscular exertion act most deleteriously on all forms of organic cardiac affections.
3. Mental excitement is a cause of rupture of atheromatous blood-vessels.
4. A mere extra distension of a stomach by wind may suffice to fatally arrest a diseased heart's action. The knowledge of these facts, he says, has for some years past led him to make it an invariable rule to impress upon all patients laboring under diseases of the circulatory system, who desire to minimize the effects of their complaints and ward off as long as possible the inevitable fatal termination, to pay strict attention to what he calls the following three golden rules:—(1) Take exercise, without fatigue; (2) Nutrition, without stimulation; and (3) Amusement, without excitement.

Strychnine in Alcoholism.

[Hospital Gazette.]

According to recent experiments, strychnine undoubtedly neutralizes the intoxicating and narcotic effects of alcohol. It enables large quantities of alcohol to be taken for a considerable stretch of time without causing the usual organic lesions which follow the use of alcohol alone. Therapeutically, strychnine should be used in all forms of alcoholism; it may be regarded as a powerful prophylactic against alcoholism.

Salicylate of Mercury.

The advantages claimed for salicylate of mercury over other mercurial preparations are—it is easily borne by the stomach, not producing stomatitis, and is more prompt and efficient in its action.

Fecal Impaction.

[South. Cal. Prac.]

Ordinary brewer's yeast is highly recommended in fecal impaction. It is injected into the rectum. It permeates and softens very fast, and makes rectal relief a simple and easy matter.

Reviews and Book Notices.

A Practical Treatise on the Medical and Surgical Uses of Electricity. By George M. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D. Sixth edition. Revised by A. D. Rockwell, M. D. New York: Wm. Wood & Co. 1888.

The changes and additions in this work, as successive editions have been issued, have been confined mainly to physics and physiology and the department of nervous diseases, where electricity has wrought its best results. In the second edition the chapters on Electro-Physics and Physiology were largely rewritten; the method of central galvanization described and illustrated, electro-surgery more fully treated, and the relation of electricity to the diseases of children and of the skin considered in detail. In the third edition were given the highly satisfactory results following the treatment of exophthalmic goitre by galvanization of the sympathetic, and of some of the sequelæ of acute diseases by general faradization. A fourth edition was rendered necessary by a revival of the use of Franklincian electricity, due to vastly improved appliances, and contained also the extraordinary results following the application of dynamic electricity to cases of extra-uterine pregnancy. The fifth edition discussed facts concerning the induction coil, its varieties, and the differential indications for their use. Within the past two or three years Apostoli, of Paris, has by his experiments and the results that he has succeeded in obtaining, greatly enlarged the domain of electricity in gynecology. The revision in the present edition has been mainly restricted to this subject, and the chapter on the Diseases of Women almost entirely recast. The methods through which these better results in gynecology are obtained confirm the truth of the observation made in the preface to the third edition, to the effect that the real scientific basis for the use of electricity in medicine and surgery is found in electro-physics more than in electro-physiology. The book is

printed on excellent paper, and there are nearly two hundred illustrations.

Diseases of the Heart and Circulation in Infancy and Adolescence. By John M. Keating, M. D., Obstetrician to the Philadelphia Hospital and Lecturer on Diseases of Women and Children, etc., and W. A. Edwards, M. D., Instructor in Clinical Medicine and Physician to St. Joseph's Hospital, etc. Cloth, \$1.50; pp. 207. Philadelphia: P. Blakiston, Son & Co. 1888. For sale by Cathcart & Cleland, Indianapolis.

There are many excellent monographs extant, treating of the Diseases of the Heart and Circulation as found in the adult, but this book, so far as we know, is the only one that treats of these diseases as found exclusively in infants and in adolescents. The book has already been published in monthly installments in the *Archives of Pediatrics* for 1887, but the authors, encouraged by the kind reception given it by the profession, have now placed it in more convenient form, with many changes and additions, that add very much to its value.

While diseases of the heart and circulation in the child and in the adult have many characteristics in common, yet the differences in the clinical symptoms, the prognosis and treatment, and the greater difficulties in making a correct diagnosis of these diseases in children, makes this book peculiarly valuable to the profession. It is profusely illustrated with woodcuts and photographs, and printed on good paper. F. C. F.

The Modern Treatment of Pleurisy and Pneumonia. By G. M. Garland, M. D.

The Infectious Diseases. Vols. I and II. By Karl Liebermeister, M. D. Paper, 25 cts.; Cloth, 50 cts. Detroit: Geo. S. Davis.

These three little volumes form Nos. 7, 8 and 9 of the "Physician's Leisure Library," published by Geo. S. Davis, Detroit, Mich.

In "The Modern Treatment of Pleurisy and Pneumonia," will be found a summary of the present status of the pneumonia question, without any argument for or against

the theories described. The various plans of treatment that have, from time to time, been advocated, viz., the depletive, the supportive, the expectant, the antipyretic, the antiseptic and the symptomatic, are fully described. It is a book containing a vast amount of information in small compass.

Vol. I of the "Infectious Diseases" treats of Intermittent Fever and Typhoid Fever; Vol. II of Measles, Scarlet Fever, Small Pox, Vaccinia, Varicella, Rubella, and Diphtheria. While the author is a believer in the "animated pathology" or "germ theory," he says "the number of micro-organisms whose causal relations to particular diseases has been proved, is still relatively limited;" and that while we have a right to conclude, from the data already in our possession respecting a few diseases, that all cases of these diseases are of bacillary origin, we are not justified from these data in affirming that all the infectious and contagious diseases have for their cause a bacterial *materis morbi*.

Our readers will find these books cheap, convenient, and eminently worth the reading.

F. C. F.

A Practical Treatise on Diseases of the Skin.
By John V. Shoemaker, M. D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College of Philadelphia. With colored and other illustrations. New York: D. Appleton & Co. 1888.

Within the last half year three text-books on cutaneous diseases have appeared in English, while the two great medical publishing houses of the country are getting out immense folios of skin and venereal diseases. Dermatology is coming to the front; the books all find a sale. Within ten years a half dozen complete treatises have appeared from American authors, and this, the latest, is most distinctive of them all, as it brings to the front the remedies used and advocated by Dr. Shoemaker, as the oleates, and throws others overboard altogether, as the fatty products of petroleum.

The classification is Hebra's—the best for simplicity and convenience. The clinical

features—diagnosis, etiology and pathology of the various diseases—are clear, concise and complete. Drug eruptions receive full attention; so also do the eruptive fevers. The work is written to be of special service to general practitioners. It abounds in formulæ, and suggestions as to treatment. The typographical execution is of the high standard of Appleton & Co. B.

The Three Ethical Codes. Cloth, 55 pages, postpaid, 50 cents. The Illustrated Medical Journal Co., Detroit, Mich.

In this little book is reprinted the Code of Ethics of the American Medical Association, with its Constitution, By-Laws and Ordinances, brought down to 1888; the Code of Ethics of the American Institute of Homœopathy, and the Code of Ethics of the National Eclectic Medical Society. Of the three Codes, that of the American Medical Association is the longest, and that of the Eclectic Society is the shortest, while much of the Homœopathic is strikingly similar to that of the first named. Altogether, it is a handy little book for reference as occasions may require.

Correspondence.

Tubercle Bacilli.

The medical literature of the tubercle bacilli, in the last few years, has been very extensive, and the methods suggested by microscopists and pathologists to discover these minute animalculæ have been so intricate and complex that but few medical men would take the time and trouble to make such an investigation.

A few days ago I was called to a case of phthisis pulmonalis in its last stage, with abundant expectoration, small pulse, colliquative sweats, great emaciation, constant hectic and diarrhea, and procured a mouthful of expectorated matter from the patient's mouth, and placed it in a clean morphine-bottle, and added two-thirds of an ounce of distilled water, corked it well, and placed it in a temperature of 80° F. In three days the distilled water became very slightly cloudy.

On the fifth day the water was markedly cloudy.

Taking a drop of this fluid upon a glass rod, I placed it upon a clean glass slide, and upon this placing a clean, thin cover glass, and then fixing the mounted object beneath a microscope, with one-fourth inch objective, I could plainly see the tubercle bacilli. They exactly resembled those illustrated in medical works, and also those mounted objects sent to me by other microscopists.

A minute drop of ammonia carmine added beneath the cover glass greatly adds to the beauty of the specimen.

Being so well pleased with the easy method of finding these bacilli, and not having seen such description in our medical journals, are my reasons for communicating this fact to your valuable journal.

GEO. ROWLAND.

Covington, Ind., April 22, 1888.

Banquet to the Indiana State Medical Society.

The Marion County Medical Society will give a banquet to the members of the Indiana State Medical Society, at its coming meeting, June 5, 1888. *One thousand dollars* has been contributed by the local profession for the purpose of entertaining their brethren from the various county societies of the State. There will probably be four hundred guests, and the committee are sparing no pains or expense to insure a *menu* and a reception such as has never been equalled in Indiana. There will be responses to toasts by distinguished members of the profession of this and other States. Governor Gray and ex-Governor Porter have been invited, and will doubtless be present. Dr. W. W. Dawson, president elect of the American Medical Association, and other distinguished physicians from Chicago, St. Louis, Cincinnati, Louisville, Detroit and other cities, will also be present. Dr. J. N. Mathews, of Illinois, a distinguished writer of prose and verse, as well as an accomplished physician, has been invited to read an original poem. Last but not least, our own original James Whitcomb Riley, the Hoosier poet, the Robert Burns of America, the author of "When

the frost is on the punkin' and the fodder's in the shock," "Good bye, Jim, take keer of yerself," and a hundred other humorous, pathetic and delightful poems, will entertain the guests with a poem written for the occasion. Gentlemen, the JOURNAL again urges you to accept this invitation. It will be a red letter day in the history of the State Society, the memory of which will be a pleasure to you in after years. Throw aside the dull routine of professional business, come to the capital city of the State on June 5th, where you will be received with open arms and right royally entertained.

Special Notices.

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Dr. V. Jagielski says: "I have had patients gain as much as ten pounds a month, where no other food but Koumiss was taken. Its effects are manifest in the robust constitutions and complexions of the nomadic people of the Russian Asiatic steppes, who during the warmer season live exclusively upon it, to recruit the health and strength which they have lost through the privations and exposures of the previous winter."

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I have used Succus Alterans (McDade) in my practice ever since it was introduced, and have always found it eminently satisfactory in the treatment of all syphilitic cases of skin diseases and also of all blood disorders.

J. C. MODROCK, M. D., Marion, O.

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ANODYNES AND HYPNOTICS.

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Pain is the most marked indication of disease. To assuaging it the physician's first and best efforts are directed, and to the patient its relief is the tangible evidence of the Doctor's skill. It is not strange, therefore, that anodynes and hypnotics play so important a part in the medicinal resources of every physician.

The ideal anodyne and hypnotic free from reaction or disagreeable after-effects remains to be discovered. Those most frequently resorted to are the preparations of opium, the bromides and chloral. When the toxic properties of these remedies and their vast consumption is considered, the necessity for the employment of absolutely uniform and pure preparations of them is evident.

The United States Pharmacopœia allows for the official preparations of opium, with a single exception, a wide latitude in morphine strength: In denarcotized opium, an absolute standard strength of 14 per cent. is adopted, and as there seems no good reason why other preparations should not also conform to a fixed standard of strength, we have assumed the responsibility of assaying all our opium preparations to a definite strength so that physicians may prescribe them with absolute confidence in their uniformity and with more certain prospect of unvarying therapeutic result. We believe in standardizing toxic drugs, and supply a line of standardized fluid extracts of such drugs as ergot, aconite, belladonna, cannabis indica, gelsemium, foxglove, nux vomica and others, and believe they will commend themselves to all scientific physicians.

In cases in which opium is contra-indicated many physicians use with satisfaction fluid extract Jamaica dogwood (*Piscidia erythrina*), which is both an anodyne and hypnotic, relieving pain and securing quiet, refreshing sleep, and which is free from the distressing after-effects of opium preparations.

There are certain proprietary preparations of anodynes largely prescribed by physicians for which, at the solicitation of many members of the profession, we have prepared scientific substitutes which are, we believe, equally efficient and may be ethically prescribed. Thus we have prepared chloranodyne as an improvement upon the well-known proprietary preparation chlorodyne. It is a happy combination of well known sedatives, anodynes and anti-spasmodics, and is deservedly popular. It is especially serviceable in acute intestinal inflammations, as colic, dysentery and in dyspepsia, neuralgia, toothache, etc.

Cerebral sedative compound is a valuable hypnotic which we offer as a scientific substitute for bromidia. We prepare two formulæ of it: one contains potassium bromide, chloral hydrate, gelsemium and opium. In the second, henbane is substituted for the opium.

We have also a line of pills and hypodermic tablets of anodynes, sedatives and hypnotics.

Descriptive circulars, giving formulæ and all desired information regarding our standardized products and improved pharmaceutical preparations, furnished on request.

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